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Via EFS Maureen Capozzi (Depoliuri na Harris Harris

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 69/760,721
 01/17/2001
 Jon J. Burgess
 922-120
 4871

TITLE OF INVENTION: MULTI-PORT NETWORK COMMUNICATION DEVICE WITH SELECTIVE MAC ADDRESS FILTERING

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	08/03/2005		
EXAMINER ART UNIT		ART UNIT		CLASS-SUBCLASS]			
CHANG, RICHARD 266		2663		370-392000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55). Change of correspondence address (or Change of Correspondence Address from FOOS B1/2) attachment. Change of Correspondence Address from FOOS B1/2) attachment of the Poos B1/2 CFR Address' indication for "Fee Address" indication from FOOS B1/2, Rev 0.3-02 or more recent) attached. Use of a Castemer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents OA, alternatively, (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to 2. Registered patient attorneys or agents. If no name is silend, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assigned as will appear on the paster. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFS 3.11. Completion of this form in NOT a substitute for filling at assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
3Com Corporation Mariborough, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent): Individual								
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✓ Issue Fee			A check in the amount of the fee(s) is enclosed.					
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